

STATE DISABILITY INSURANCE

provisions

FOR DISABILITIES BEGINNING ON AND AFTER JANUARY 1, 2003



This pamphlet is for general information only, and does not have the force and effect of law, rule or regulation.

Disability is any illness or injury, either physical or mental, that prevents you from doing your regular or customary work. (California Unemployment Insurance Code, section 2626) Disability also includes elective surgery, pregnancy, childbirth, or related medical conditions.

State Disability Insurance (SDI) is designed to partially replace wages you lost because of a disability that was not caused by your work. (See “Other Programs” for job-related disabilities.)

SDI taxes are paid by those California workers who are covered by the SDI program. Tax rates may vary from year to year. For current rates, contact EDD Disability Insurance Customer Service at 1-800-480-3287 or EDD Employment Tax Customer Service at 1-888-745-3886.

SDI Plans

- State Plan. SDI's State Plan is covered in this brochure.
- Voluntary Plan. This is a private plan, approved by the Director of EDD, which may be substituted for the State Plan. Employers and employee groups may establish Voluntary Plans if the majority of employees and the employer agree to do so. If you are covered by a Voluntary Plan, the provisions of this brochure may not apply to you. Obtain information about your coverage and file a voluntary plan claim through your employer.
- Elective Coverage. Employers and self-employed persons, including general partners, may elect coverage. However, the method of computing benefits for elective coverage participants is not the same as for mandatory rate payers. The cost of participating, which is set annually, can be obtained by contacting your local EDD Employment Tax Customer Service Office.

Claims are filed in the same manner as State Plan claims; however, there are some differences in eligibility requirements from those listed in this pamphlet. For additional information or to apply for coverage, contact EDD Disability Insurance Customer Service at 1-800-480-3287 or EDD Employment Tax Customer Service at 1-888-745-3886.

Individuals in family employment not subject to the California Unemployment Insurance Code may also elect coverage at the same rate as employees covered by the State Plan and with the same benefits as the State Plan.

How to Claim Benefits

1. Request a claim form:
 - By telephone at: **1-800-480-3287**
 - By Internet at: **www.edd.ca.gov/dirq2501.htm**
 - By TTY (teletypewriter for deaf, hearing-impaired and speech-impaired persons only) at: **1-800-563-2441**
 - By writing EDD, Disability Insurance, P.O. Box 13140, Sacramento, CA 95813-4140
 - In person by visiting any of the SDI offices listed in this brochure
2. Fill out and sign the “Claim Statement of Employee.” Print clearly, and be sure that your answers are complete and correct because errors may delay payments.
3. Have your doctor complete the “Doctor’s Certificate.” Usually a claim cannot begin more than seven days before you were examined by or under the care of a certifying doctor. Certification may be made by a licensed physician, surgeon, U.S. Government medical officer, osteopathic physician, chiropractor, podiatrist, optometrist, dentist, designated psychologist, or accredited religious practitioner. For normal pregnancy-related disabilities, certification may be made by a nurse-midwife, nurse practitioner, or licensed midwife.
4. Mail your claim within 49 days from the first day you were disabled. If your claim is late, you may lose benefits unless your explanation of the delay is accepted as reasonable.

How Benefits Are Paid

- The SDI Program is designed to serve you by mail. You do not need to appear in person to apply for or receive benefits.
- When we receive your claim, we may contact you by mail or by telephone to request any further information needed. We process most claims within 14 days after we receive them.
- The first seven days of your disability are considered a “waiting period,” and you will not be paid SDI benefits for that period.
- We pay benefits as quickly as possible after we receive all required information. If you meet all eligibility requirements, we will authorize a check to be mailed to you from a central payment center. If you are eligible for further benefits, we will either send you additional payments automatically or send a “continued claim” certification form for you to complete for the next period. Usually these periods will be two weeks. However, the SDI Program pays benefits based on daily eligibility within a seven-day calendar week. Partial weeks are paid at a daily rate. This rate is one-seventh of your weekly benefit amount. Please allow seven days from the date you mail a continued claim form for receipt of your check.

Weekly Benefit Amount Chart The following chart shows what your weekly benefit might be based on your highest quarter of earnings in your base period. (See explanation of “base period.”) NOTE: This chart reflects maximum weekly benefit amounts for disabilities beginning January 1, 2003, or after.

Wages in the high quarter:	Weekly benefit amount:	Wages in the high quarter:	Weekly benefit amount:
\$75-1,374	\$50-59	\$8,250-8,485	\$350-359
1,375-1,624	60-69	8,486-8,721	360-369
1,625-1,867	70-79	8,722-8,958	370-379
1,868-2,103	80-89	8,959-9,194	380-389
2,104-2,340	90-99	9,195-9,430	390-399
2,341-2,576	100-109	9,431-9,667	400-409
2,577-2,812	110-119	9,668-9,903	410-419
2,813-3,049	120-129	9,904-10,140	420-429
3,050-3,285	130-139	10,141-10,376	430-439
3,286-3,521	140-149	10,377-10,612	440-449
3,522-3,758	150-159	10,613-10,849	450-459
3,759-3,994	160-169	10,850-11,085	460-469
3,995-4,230	170-179	11,086-11,321	470-479
4,231-4,467	180-189	11,322-11,558	480-489
4,468-4,703	190-199	11,559-11,795	490-499
4,704-4,940	200-209	11,796-12,031	500-509
4,941-5,176	210-219	12,032-12,268	510-519
5,177-5,412	220-229	12,269-12,504	520-529
5,413-5,649	230-239	12,505-12,740	530-539
5,650-5,885	240-249	12,741-12,977	540-549
5,886-6,121	250-259	12,978-13,213	550-559
6,122-6,358	260-269	13,214-13,450	560-569
6,359-6,594	270-279	13,451-13,686	570-579
6,595-6,830	280-289	13,687-13,922	580-589
6,831-7,067	290-299	13,923-14,159	590-599
7,068-7,303	300-309	14,160-14,206	600-601
7,304-7,540	310-319	14,207 and over	602
7,541-7,776	320-329		
7,777-8,012	330-339		
8,013-8,249	340-349		

How Your Benefit Rate is Determined. Your benefit amounts are based on the wages paid to you during a specific 12-month **base period**, which is determined by the date your claim begins. Therefore, you should carefully consider when to start your claim since this may affect your weekly benefit rate, your maximum amount payable, and the period of your benefit eligibility.

Only the wages in your **base period** that were subject to the disability insurance tax can be used in computing your benefits. To qualify, you must have earned at least \$300 during your base period. The month in which your claim begins will determine which four consecutive quarters must be used.

If your 2003 claim begins in:

- **January, February, or March**, your **base period is the 12 months ending last September 30**.
(Example: A claim beginning February 14, 2003, uses a base period of October 1, 2001, through September 30, 2002.)
- **April, May, or June**, your **base period is the 12 months ending last December 31**.
(Example: A claim beginning June 20, 2003, uses a base period of January 1, 2002, through December 31, 2002.)
- **July, August, or September**, your **base period is the 12 months ending last March 31**.
(Example: A claim beginning September 27, 2003, uses a base period of April 1, 2002, through March 31, 2003.)
- **October, November, or December**, your **base period is the 12 months ending last June 30**.
(Example: A claim beginning November 2, 2003, uses a base period of July 1, 2002, through June 30, 2003.)

Exceptions: If your claim is determined to be invalid, but you were unemployed and seeking work for 60 days or more in any quarter of your base period, you may be able to substitute wages paid in prior quarters.

In addition, you may be entitled to substitute wages paid in prior quarters either to make your claim valid or to increase your benefit amount if during your base period you:

- were in the military service.
- received Workers' Compensation benefits.
- did not work because of a labor dispute.

If your claim situation fits any of the above circumstances, include a note with your claim form.

Wage Continuation. If your employer continues to pay you wages while you are disabled, your SDI benefits may be affected. Benefits plus wages cannot exceed your regular weekly wage. Your SDI benefits will not be affected by any vacation pay you may receive.

Maximum Benefits. The maximum amount of benefits is 52 times the weekly rate, but not more than your total base period wages.

Exception: For employers and self-employed individuals who elect SDI coverage, the maximum amount is 39 times the weekly rate.

In addition, benefits are payable only for a limited period to a resident in a state-approved Alcoholic Recovery Home or Drug-Free Residential Facility. However, disabilities related to or caused by acute or chronic alcoholism or drug abuse, being medically treated, do not have this limitation.

Pregnancy. As with any medical condition, your disability period begins with the first day you are unable to do your regular or customary work. SDI benefits will be based on the period of time your doctor certifies that you are unable to do your regular or customary work. Do NOT send in your claim for pregnancy-related disability benefits until the date your doctor certifies you are disabled.

You May Not be Eligible for Benefits

- If you are receiving Unemployment Insurance benefits.
- If you are not working or looking for work at the time you become disabled.
- If you are in custody due to conviction of a crime.
- If your full wages are paid.
- If you are receiving workers' compensation at a weekly rate equal to or greater than the SDI rate. If these benefits for workers' compensation are paid at a lower rate than your SDI rate, you may be paid the difference.
- For the amount of time a claim is late (without good cause).
- If you make a false statement or fail to report a material fact. (A 30 percent penalty may be assessed if benefits are overpaid because you willfully withheld a material fact or made a false statement.)
- If you fail to attend an independent medical examination when requested. (Fees for such examinations are paid by EDD.)

The California Unemployment Insurance Code provides for penalties of fines, imprisonment, and loss of benefit rights for fraud against the Disability Insurance system.

Your Rights. You are entitled to:

- Know the reason and basis for any decision that affects your benefits.
- Appeal any decision about your eligibility for benefits. (Appeals must be sent to the SDI office in writing.)
- A hearing of your appeal before an Administrative Law Judge. You may further appeal the Administrative Law Judge's decision to the California Unemployment Insurance Appeals Board and the courts.
- Privacy. Information about your claim will be kept confidential except for the purposes allowed by law.

Your Obligations. You are responsible to:

- Complete your claim and other forms correctly, completely, and truthfully.
- Mail your claim and other forms in the time limits shown on the forms. If you are late in mailing a form and you believe you have a good reason for being late, you should include a written explanation of the reason(s) with the form.
- Contact SDI if you do not understand a question or are not sure how to answer it.
- Include your name and Social Security number on all letters to SDI.

Contact SDI

- By telephone at: **1-800-480-3287** (English)
1-866-658-8846 (Spanish)
- By U.S. mail addressed to the office handling your claim. If you are not a current claimant, you may write to any SDI office.
- By TTY (teletypewriter for deaf, hearing-impaired, and speech-impaired persons only) at: **1-800-563-2441**
- By e-mail at: **www.edd.cahwnet.gov/eddmail.htm**
- In person by coming to any of the offices listed under "Addresses of SDI Offices."

Other Programs

IF YOU ARE **INJURED ON THE JOB** or ill as a result of your occupation, notify your employer.

IF YOU ARE **ABLE AND AVAILABLE TO WORK** but unemployed, contact the Unemployment Insurance Branch of EDD at **1-800-300-5616** (TTY **1-800-815-9387**).

IF YOU NEED HELP IN **FINDING WORK, JOB TRAINING, RETRAINING**, or other services in order to return to work, visit your local one-stop career center listed in the white pages of your telephone directory and on the Internet at: **www.servicelocator.org**

IF YOUR **DISABILITY IS PERMANENT** or is expected to continue for a year or more, contact the U.S. Social Security Administration at **1-800-772-1213** or on the Internet at: **www.ssa.gov/**

IF YOU OR SOMEONE YOU KNOW IS A **VICTIM OF A CRIME**, call the California Victims of Crime Program at **1-800-777-9229**. TTY users may contact the Program via **TTY-English at 1-800-735-2929** or **TTY-Spanish at 1-800-855-3000**. You may also contact your county Victim/Witness Assistance Center.

QUESTIONS ABOUT **CHILD OR SPOUSAL SUPPORT** should be directed to the District Attorney's Office that issued the court order.

Addresses of SDI Offices

Chico 645 Salem Street (write to: P.O. Box 8190, Chico, CA 95927-8190)	San Bernardino 371 West 3 rd Street (write to: P.O. Box 781, San Bernardino, CA 92402-0781)
City of Industry 17171 East Gale Avenue, Suite 110 (write to: P.O. Box 60006, City of Industry, CA 91716-0006)	San Diego 8977 Activity Road, Building B, Suite 200 (write to: P.O. Box 120831, San Diego, CA 92112-0831)
Eureka 409 K Street, Suite 201 (write to: P.O. Box 4986, Eureka, CA 95502-4986)	San Francisco 745 Franklin Street, 3 rd Floor (write to: P.O. Box 193534, San Francisco, CA 94119-3534)
Fresno 2550 Mariposa, Room 1080A (write to: P.O. Box 32, Fresno, CA 93721-2270)	San Jose 297 West Hedding (write to: P.O. Box 637, San Jose, CA 95106-0637)
Long Beach 4300 Long Beach Blvd., Suite 600 (write to: P.O. Box 469, Long Beach, CA 90801-0469)	Santa Ana 28 Civic Center Plaza, 7 th Floor (write to: P.O. Box 1466, Santa Ana, CA 92702-1466)
Los Angeles 221 N. Figueroa Street, Suite 200 (write to: P.O. Box 513096, Los Angeles, CA 90051-1096)	Santa Barbara 128 East Ortega (write to: P.O. Box 1529, Santa Barbara, CA 93102-1529)
Oakland 7700 Edgewater Road, Suite 210 (write to: P.O. Box 1857, Oakland, CA 94604-1857)	Santa Rosa 50 D Street, Room 325 (write to: P.O. Box 700, Santa Rosa, CA 95402-0700)
Redding 615 Locust Street (write to: P.O. Box 991898, Redding, CA 96099-1898)	Stockton 528 North Madison (write to: P.O. Box 201006, Stockton, CA 95201-9006)
Riverside 1190 Palmyrita Avenue, Suite 100 (write to: P.O. Box 59903, Riverside, CA 92517-1903)	Van Nuys 15400 Sherman Way, Room 500 (write to: P.O. Box 10402, Van Nuys, CA 91410-0402)
Sacramento 5009 Broadway (write to: P.O. Box 13140, Sacramento, CA 95813-3140)	



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